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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Pleuritic Effusion. Delivered at the Liverpool Royal Infirmary by A. T. H. WATERS, M.D., Physician to the Infirmary.

GENTLEMEN; I wish to call your attention to-day to some cases of pleuritic effusion which have been in my wards, and to make them the subjects of some remarks on the affection. I shall confine myself for the most part to those points which I consider of the greatest practical importance, and first I will refer to the subject of diagnosis.

It may, perhaps, appear to you to be very easy to diagnose the existence of fluid in the pleural cavity—to differentiate between liquid and solid matter within the cavity of the chest; and yet it is in some cases by no means so. I have known physicians of great practical experience mistake a solid lung for pleuritic effusion, and pleuritic effusion for a solid lung, and I have not been myself altogether free from such errors. There is, indeed, no single sign which invariably exists by which pleuritic effusion can in all cases be certainly diagnosed, and it is undoubtedly true that the characteristics of its presence on which we mainly rely may and often do lead us into error.

Let me say a few words in reference to the evidence we derive of the existence of effusion from *percussion*. It is obvious

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that any solid or liquid in the chest will give rise to dulness on percussion; and it can only be by the character of the dulness, or its shifting nature, that we can say that it depends in any case on pleuritic effusion. Undoubtedly there is usually—indeed in the great majority of cases—a profound character about the dulness which can scarcely be mistaken; but there are exceptional cases of extreme dulness without any effusion. You may recollect the case of B—, in No. 10 ward, who came to us with a history of pleurisy, and in whom we found dulness of a very leaden character over the whole of the left side, extending up to the clavicle, and passing to the extreme right of the sternum. The breath-sounds were absent below, and only heard faintly at the upper part of the chest; moreover there was absence of vocal vibration, and heart-sounds were faint and best heard to the right of the sternum. The presumption that pleuritic effusion existed was very strong, and it was thought desirable to ascertain the fact, so that if fluid were present some of it might be drawn off, and thus the urgency of the symptoms be relieved. A fine canula was accordingly introduced, and the aspirator was used, with the result, however, of drawing off only a few drops of blood. Not satisfied with one exploration, I subsequently repunctured the chest at a different spot, but the result was the same. The progress of the case showed its nature, faint crepitation was heard after a time, and death revealed to us the actual condition of the lung. It was more or less solidified throughout, and universally adherent to the chest-walls; the pleuræ were greatly thickened; and there were strumous deposits in the anterior mediastinum. These deposits had caused the dulness, which extended to the right margin of the sternum, producing thus a sign which, taken with the other signs, I had never previously met with in any lung disease except pleuritic effusion and cancer.

Again in reference to the shifting nature of the dulness, you must not, in diagnosing pleuritic effusion, depend too much on the fact, which I have often demonstrated in the wards, that the line of dulness varies according to the position of the patient. If the lung is perfectly free from adhesions, the fluid in the chest will gravitate to its lowest part, and the upper line of dulness will vary according as the patient is sitting or lying; but some of you will recollect the case of the woman in No. 15 ward in whom we had marked dulness, with absence of breath-sounds, in front of the left lung reaching to the level of the second rib, with resonance at the back extending even below the angle of the scapula, and from whom we drew off, at the time these signs were present, a large quantity of pus.

Auscultation often affords valuable aid in the diagnosis of pleuritic effusion. Speaking generally, the breath-sounds are usually either absent or faint over the seat of effusion, but they may be also absent over an intensely solidified lung, or over one which is less solidified but adherent by very dense pleuræ to the chest-walls, just as was the case in B—, to whom I have referred. Again the breath-sounds may be very loud, simulating those of a solidified lung, when there is a large pleuritic effusion. There was a woman under the care of my colleague, Dr. Glynn, some time ago, in whom loud bronchial breathing was heard, both over the front and back of the right lung, where there was marked dulness, and yet, as was subsequently proved, a very large quantity of fluid existed in the pleural cavity. In children, again, the phenomena of bronchial breathing and bronchophony are often present, although the effusion may be great, and I have met with other instances besides the one I have alluded to where loud breathing has been heard in adults. Moreover, you must not forget that in old-standing cases of effusion the sound lung takes on increased action, the breath-sounds become puerile, and may sometimes be heard on the opposite side of the chest.

But to take another sign to which great importance is very properly attached. In pleuritic effusion it is undoubtedly true that *vocal vibration* is generally absent; that when the hand is placed on the chest whilst the patient speaks, no thrill is communicated to it; and yet I have some-

times felt a well-marked vibration over a chest from which I have immediately afterwards removed a large quantity of fluid. Some of you may recollect the case of A—, in No. 10 ward, who was the subject of empyema. In that case I pointed out to an assembled class that we had most of the signs of pleuritic effusion well warked—viz., leaden dulness, absence of breath-sounds, etc. The man had been previously tapped, and a considerable quantity of fluid had been withdrawn. We had watched the gradual reaccumulation of the fluid, and the time had come when I resolved to retap. Over the affected side—over the seat of leaden dulness, and where the breath-sounds could not be heard—there was distinct, well-marked vocal fremitus. An aspirator-tube was introduced, and we drew off ninety ounces of pus.

I removed, some time ago, two pints of serous fluid from the chest of a man in whom vocal vibration was distinctly perceptible, except at the extreme base of the lung—perceptible where there was marked dulness from the presence of fluid.

Again, there was the case of the woman McK——, in No. 15 ward, who was admitted with pleuritic effusion, and was tapped several times. Before the first tapping you may recollect that there was distinct vocal vibration at the lower and back part of the affected side of the chest. I removed twenty-five ounces of fluid. Strange to say, we never had any return of the vibration throughout the progress of the case. The fluid collected and re-collected, and we removed it on three or four occasions.

I think that possibly we may account for the persistence of vocal fremitus in some of these cases of pleuritic effusion by the existence of adhesions of the lung to some parts of the chest-wall.

Whenever pleuritic effusion is great there is *displacement of viscera*. The heart is often found beating to the right of the sternum when the effusion is on the left side, and this displacement is great where the effusion has been rapid. There are also displacements from the diaphragm being pushed down. But, independently of the fact that displacements may be due to the presence of solid matter in the chest, it frequently happens that although there is a good deal of fluid in the pleura, there is but little visceral displacement. In the first place the heart may be so connected with the chest-walls by adhesion that it cannot be displaced except to a slight extent; and, further, in the more chronic cases, the lung yields to the pressure of the fluid, collapses, and thus leaves a large space for the fluid. The displacement of viscera may therefore be much less than you would expect from the quantity of fluid which, after operation, you find has existed.

Again, you must not always expect to meet with any decided increase in *the size of the affected side*, or a *bulging of the intercostal spaces*. Setting aside the fact that measurements are not always trustworthy, it is undoubtedly true that in adults effusion may be very great and yet there may be no increase, as shown by the tape, in the size of the affected side, as compared with the opposite one. In the more yielding chests of children it is otherwise, and a notable increase is more frequently met with. Doubtless in most cases, if you watch them from the beginning, having taken the measurement before effusion, you will find an increase in the size of the affected side. But what I wish to impress on you is this, that in the more chronic cases the side of the effusion often measures less than the opposite side. As an instance, there is the case which you have seen in No. 10 ward. In this man, who was the subject of extensive empyema of the left side, the measurements before tapping were as follows: Right side, 1 ft. 5¾ in.; left side, 1 ft. 5 in. We drew off 58 oz. of pus from the left pleural cavity.

Now it is very probable that the measurements of the left side were greater than in health, before the effusion took place; but the left lung being crippled, the right had taken on increased action, and had distended that side of the chest beyond the normal.

Further, although the intercostal spaces are at times altered in their appearance, becoming more or less convex, yet exten-

sive effusion may exist in adults without any such change taking place.

It is scarcely necessary for me to allude to *ægophony* as a sign of pleuritic effusion. I look upon it as a mere fancy sign, being generally absent when there is any difficulty of diagnosis.

I have thus endeavoured to deal with some of the difficulties which you may meet with in the diagnosis of pleuritic effusion, and whilst I admit that in the majority of cases the diagnosis is easy, I venture to say that in others it is very difficult; indeed, I think in some instances it is impossible to say positively whether fluid is present without making an exploratory puncture, and in all cases of doubt, where the propriety of tapping the chest is in question, no decided opinion should be pronounced until a fine aspirator-tube has been introduced. But I must say a few words about this preliminary exploration. Simple as it may appear, easily as it is accomplished, and usually attended in hospital practice with but little trouble, it is far less simple amongst private patients. It becomes, in fact, magnified into an "operation," and should no fluid be withdrawn the confidence of the patient is not increased in the physician. Therefore it is well to weigh carefully every feature of a case before introducing even the finest canula. I believe, however, that no harm is done by the use of these tubes, even if a solid lung, or solid tumour, or even a healthy viscus is punctured. You need not therefore be under any apprehension on that score.

But I must tell you that when there is a good deal of fluid in the pleura, one or even two punctures may fail to withdraw any of it. You may possibly puncture at a spot where there are adhesions; and, again, you may find that even when there is a pure serous effusion, such as you would think ought to flow through a fine canula, nothing will follow the introduction of the tube unless the exhausting syringe is used. I had under my care a man who, having had empyema of the right side, had symptoms of pleurisy on the left. On examination I diagnosed the existence of effusion. I introduced a fine aspirator-canula, and I felt that I had passed the instrument into a cavity, but no fluid oozed out. I withdrew the canula to see if it was plugged, but it was free. I reintroduced it, but still there was no fluid. The aspirator was applied, and twenty ounces of clear serum were drawn off. Sometimes from the extreme thickness of the thoracic walls it is neccessary to pass the canula very deeply before you feel that you have reached the cavity of the pleura. You may recollect the case of the man N—— who was under my care in No. 10 ward. He had been previously tapped for empyema, and he had the signs of a re-collection of the fluid. I introduced a canula into the back of the chest. I felt the instrument entering a soft substance after having passed some distance through the chest-walls. I moved the canula about, but clearly it was not in the pleural cavity. Had I made a mistake? Had I punctured a solid lung? The canula was already buried nearly two inches in the chest-walls. I pushed it further, and had the satisfaction of finding that it entered a cavity. I drew off forty-five ounces of thick pus. When you puncture the chest, if nothing but blood or bloody matter exude, it is well to examine the contents of the canula under the microscope, for such examination may enable you to differentiate between a cancerous and some other tumour. At the same time, it must be borne in mind that a cancerous lung may be punctured half a dozen times without a cancerous portion being reached, and cancer may exist although only blood is drawn off.

What I have said as to the non-passage of fluid through a canula will teach you not to trust to the mere introduction of a grooved needle as a means of diagnosis, Some physicans use the small syringe employed for hypodermic injections.

I must now pass on to say a few words about the treatment of pleuritic effusions. and my remarks will be confined chiefly to those effusions which are more or less chronic. As a matter of fact, acute primary pleurisy is a rare disease. Pleuritic inflammation is usually connected with some constitutional state, some constitutional vice, and is more or less

secondary. In reference to the more chronic cases, the treatment I have found most useful for promoting absorption of the fluid is the internal administration of iodide of potassium with tonics, bark, etc. Iodide of iron or the tincture of the perchloride of iron may sometimes be given advantageously, and counter-irritation should be used. I prefer for this the application of iodine rather than blistering, but blistering is often useful. I recommend you, however, not to blister severely. I have seen very extensive effusions which had lasted for many weeks—even months—removed by this kind of treatment, and it is well, unless certain urgent symptoms are present, to give constitutional measures a fair trial before resorting to tapping. I must tell you that I have no faith in the powers of mercury to produce absorption of these effusions, and I am not in the habit of prescribing it. I think it is important to keep up the strength of patients, for there is a far greater probability of the fluid being absorbed when they are strong than when they are weak, and therefore good diet should be given with tonics, and even wine, whilst the special remedies are administered.

The last points I wish to refer to are the propriety of tapping in these affections, and the period when the operation should be resorted to.

There can be no doubt that many cases of extensive pleuritic effusion have been lost from the operation of tapping having been either too long delayed or not performed. When the effusion is great there is danger of fatal syncope or fatal dyspnœa, and one or other of these may occur, although there does not appear to be any serious interference with the breathing, especially if the patient is somewhat advanced in years or debilitated. The danger of delay is well illustrated by many cases recorded by Trousseau and others. Let me refer to one. A patient was under my care some years ago in the Northern Hospital, with pleuritic effusion. I was trying general measures, intending to tap in a day or two if there were no improvement. One morning the man was seized with a sudden attack of syncope and died. A large quantity of fluid was found in the chest.

Now as to the time at which you should tap in pleuritic effusions. I think you should tap in all cases, *of whatever duration*, whether acute or chronic, where the accumulation of fluid seriously compromises respiration, and especially if there have been any sudden attacks of dyspnœa. Again, wherever an extensive effusion has lasted some weeks, and shows no signs of diminution from general treatment, tapping should be resorted to whether dyspnœa is present or not. It is not necessary to remove the whole of the fluid, indeed it is better not to do so if the effusion is large, for reasons which I will mention presently. The removal of a portion of the fluid usually has the desired effect, and seems to stimulate the process of absorption of the remainder, and to cause the general measures to act with greater success. There is one rule you should always observe. You will find that patients, after a certain amount of fluid has been withdrawn, will often complain of a sensation of constriction across the chest or epigastrium, or of pain. Under either of these circumstances the operation should be at once stopped.

As regards the site for tapping I prefer, under ordinary circumstances, that recommended by Bowditch. The rule is to find the inferior limit of the sound lung behind, and to tap two inches higher than this on the pleuritic side, in a line perpendicular from the inferior angle of the scapula.

With ordinary care, and especially by using the aspirator, no air need enter the chest in the operation.

I have never in my own practice, and I have now tapped many times, seen any bad results from the operation, and this is the general experience; but still some instances are recorded where death has followed very soon after tapping, probably either from syncope or from the presence of clots in the pulmonary vessels. One such case occurred in this hospital. A considerable quantity of serous fluid had been drawn off from a man, and he was left apparently well.

In the course of about half an hour, however, he was dead. Whilst therefore I consider the operation essentially safe, it is well to bear in mind that it is not always unattended with danger; and in order to avoid as much as possible all risks, I advise you to draw off the fluid, especially when it is serous, by a small canula, and not to take away too much at once; rather, in fact, to repeat the operation, if necessary, than disturb too much the existing relations of the lung.

In the treatment of empyema there are two methods which you may adopt. First, the treatment by constant drainage through a tube introduced into the chest; and secondly, the treatment by repeated tappings. I have seen both these methods succeed, but I must defer the consideration of this subject to another lecture.—*Lancet*, Feb. 5, 1876.

HOSPITAL NOTES AND GLEANINGS.

Belladonna Poisoning treated by Jaborandi.—In some cases of belladonna poisoning that were recently treated in the University College Hospital, opportunities presented themselves for testing the action of jaborandi on persons profoundly under the influence of belladonna. As is now well known, jaborandi in a healthy person produces copious perspiration and profuse salivation, contraction of the pupil and approximation of distant vision; whereas the action of belladonna, as far as these sets of symptoms are concerned, is quite opposite. After a poisonous dose of belladonna the skin becomes dry and flushed, the throat and mouth feel parched, the pupils dilate, and the near point of distinct vision is removed further from the eye. By the following notes it may be seen that while the patients were under the influence of belladonna the physiological action of jaborandi could not be produced by even very large, and what under normal conditions would have been dangerous, doses of the drug. Belladonna seems to be more powerful and intense in its action than jaborandi. A patient in the same ward as the undermentioned case was made to sweat and salivate profusely by the subcutaneous administration of one third of a grain of pilocarpine. One-hundredth of a grain of atropia was then injected under the skin, and in five minutes both the sweating and salivation had almost entirely ceased. After the belladonna had been eliminated from the patients whose cases are recorded below, jaborandi was found to have its ordinary effect.

The following case is interesting on account of the prolonged delirium, the muscular rigidity, and the late occurrence of the bladder symptom.

John C——, aged sixty-four, on Dec. 24th, at about 12.30, drank, by mistake, about one or two drachms of belladonna liniment. Shortly afterwards, on his wife's return home, he said, "I have taken some stuff out of that bottle," and then became insensible, with rigidity of the body and clenched teeth. He was taken to the hospital at 1.30, and was treated by Mr. Houghton in the out-patients' room. The patient's arms, and especially his legs, were rigid, so that he was with difficulty kept in his chair; the pupils were dilated. He could not answer questions, though he seemed to understand them.

Mr. Houghton used the stomach-pump, and injected by it three drachms of ipecacuanha wine, and afterwards gave one-third of a grain of pilocarpine hypodermically. At 2.50, two hours and twenty minutes after the poisoning, he was admitted into Ward 4. The patient was quite unconscious, breathing with a loud snoring noise, but without puffing out the cheeks; the skin, lips, and mouth were dry. Pulse 104; respiration 22; and the pupils rather more than two-thirds dilated. Three hours and twenty minutes after the accident the pupils were rather less dilated, and since the previous note contractions and twitchings of both arms had occurred, the fingers being clenched by tonic contractions of the muscles, and the elbows rigid. In eight hours and a half he became slightly conscious. The legs were rigid from tonic contraction of the muscles. In ten hours and a half unconsciousness began to give way to fussy, busy delirium. He constantly muttered, kept picking the bedclothes,

and tried to get out of bed. He stared wildly about him, and was very suspicious. His skin, mouth, and tongue were still very dry. He continued delirious, but not violently, all that night and the next day.

On the night of the 25th, thirty-six hours after the poisoning, he became so very violent that it became necessary to tie him down in bed. He stared wildly about him, struggled to get out of bed, shouted at the top of his voice, "Police!" "Murder!" and suffered from various hallucinations, thinking he was in prison, or was about to be murdered. He was very suspicious, refusing to take food, thinking it was poison. In fact, the delirium was exactly like that of delirium tremens, and as the man, at intervals of three weeks or a month, had drunk rather hard, it was impossible to say whether the delirium was due to belladonna or to the effects of alcohol.

The delirium continued violent during the third day, so that he was put into the strait-jacket. He continued in the same state during the night, so that at 2 A. M. one-fourth of a grain of morphia was injected hypodermically.

On the fourth day he was still delirious, but the strait-jacket was removed, and twenty grains of bromide of potassium, with thirty grains of chloral, were given in a pint of stout. He soon fell asleep, and awoke in the evening free from delirium, and then for the first time complained of urgent desire to pass water, being able to pass only a few drops at a time. This continued throughout the night and the fifth day. There was no retention. He slept soundly on the fourth night, and was quite well next day.

Throughout this case there was no rash; the pupils were rather widely dilated, but much less so than is usual in a severe case of belladonna poisoning.

This patient was treated with pilocarpine, the alkaloid of jaborandi, which in so many ways is the antagonist of belladonna. At 2.15 one-third of a grain was injected hypodermically; this was repeated at 3.15, at 3.50, and at 5 o'clock, so that one grain and a third was injected hypodermically within two hours and forty-five minutes, yet without any apparent effect on the symptoms. For a few seconds after the third injection it was thought that the skin became a little moister. However, the perspiration ceased almost immediately. In almost every instance one-third of a grain of pilocarpine induces in ten minutes to a quarter of an hour free prespiration and salivation, lasting often several hours. Four times that quantity was used without effect, affording a good example of the antagonism between atropia and pilocarpine. In order to test the specimen of pilocarpine, one-third of a grain was injected under the skin of another patient, and in a quarter of an hour he was bathed in perspiration and his mouth filled with saliva. Having tested the activity of the drug, and wishing to save the patient the annoyance arising from the salivation and perspiration, one-hundredth part of a grain of atropia was injected under the skin, and in five minutes the perspiration and salivation had almost ceased. To learn if the poisoned patient was less subject to pilocarpine than other persons, after his recovery one-third of a grain of pilocarpine was injected, and in twenty minutes his skin was drenched with perspiration. Although these two drugs are in so many ways antagonistic, in this instance any benefit arising from the pilocarpine could not be detected, but perhaps the good effect would have been apparent had larger doses been given or the medicine repeated more frequently. In this case well-marked rigidity occurred, a very unusual phenomenon in belladonna poisoning. Belladonna, as is well known, poisons the motor nerves, and thus causes weakness; but Dr. Fraser has experimentally shown that it is a stimulant to the spinal cord, but, owing to its paralyzing effects on the motor nerves, its tetanizing effects through its influence on the cord are not usually displayed. In frogs, after the effect on the motor nerves has passed away, the influence on the cord becomes apparent; moreover, if, previous to poisoning, one iliac artery is tied so as to protect the motor nerves of that limb from the poison, on irritating the animal tetanic contractions are excited in the

protected limb. Were the attacks of rigidity which occurred in this patient due to the action of the belladonna on the cord?—*Lancet*, March 4, 1876.

Another case is related which we omit.

MEDICAL NEWS.

ORIGINAL ARTICLES.

Hemorrhage from Genital Organs in a child five days old. By A. H. PHILLIPS, M.D., of Saluda, Ind.

On the 7th of July, 1875, I attended Mrs. H., multipara, in labour. Delivery was natural and easy, vertex presenting. Stayed an hour or more, as some hemorrhage took place, caused by restlessness.

The child was a healthy looking female, weighing probably eight or nine pounds. There was no difficulty in securing the cord so that no blood escaped from it. At the end of the fifth day, I was sent for in haste, the messenger reporting that "the baby is bleeding." On my arrival (the distance from home being two miles) the hemorrhage had ceased, and I was informed that it came from the genital organs "just," as the mother said, "like a woman at her monthly period." Gave instructions to use lead lotion locally, should the hemorrhage recur.

About noon on the following day the father came to see me, saying that the hemorrhage had returned, and that the application did no good. As I had other engagements, I instructed him to give two or three drops of the medicine I had left for his wife (fl. ext. ergot), and also gave him persulph. iron to use locally. After using these the bleeding ceased and did not return. Was informed that the child had appeared hearty till on the ninth day (after birth). Had to be fed some, as the mother did not furnish a sufficient quantity of milk.

July 16th, I was summoned again, and on arrival found the child just coming out of a slight spasm, of which it had had several. Gave a minute quantity of calomel, guarded by a very little pulv. Doveri, as the bowels were reported constipated, and also potass. bromid.

No more convulsions occurred, and the child is to-day as hearty, apparently, as the average.

DOMESTIC INTELLIGENCE.

Disease of the Bladder Resembling Stone.—A man, aged fifty, came under the observation of Dr. POST, upon whom the diagnosis of stone in the bladder had been made. When the patient was examined with a steel sound, a sensation of roughness was communicated to the instrument, but no click could be discovered. A lithotrite was then introduced and a small calcareous fragment removed. It was then decided to introduce the hand into the rectum, and, although it was carried up as far as the wrist, no satisfactory aid to the diagnosis was obtained. Under the supposition that the case was one of encysted calculus, cystotomy was performed by means of the bilateral operation, but the mass could not be secured by the forceps. The finger could not be introduced to make an examination, from the depth of the perineum. For a week after the operation the patient did well and was very much relieved, but eventually sank and died.

At the autopsy it was found that there was malignant disease of the bladder. The surface of the cancerous mass was covered over with calcareous matter, and in this way the difficulty of making a diagnosis was accounted for.—*New York Med. Journ.*, March, 1876.

Botanical History of the so-called Damiana.—The Editor of the *Medical and Surgical Reporter* received from Mexico a quantity of this plant and placed it in the hands of Dr. J. T. ROTHROCK, of Wilkesbarre, Pa., for identification, who states (No. for March 4) that the shrub is the *Bigelovia veneta* of Prof. Asa Gray, and the last-named able botanist, to whom some of the specimens were transmitted, confirms this statement. Dr. R. asserts, that botanically the plant is well known.

As to the therapeutic properties which have been claimed for this plant, it will require more scientific and careful trials to decide what they may be.

Foreign Body in Œsophagus; sub-cutaneous injection of Apomorphia; body ejected.—Dr. Ed. T. Robinson, of Richmond, Va., relates (*Medical Record*, March 4) an interesting case of this. A boy, three years old, accidentally swallowed a biconcave shaped tin whistle, which lodged near the cardiac termination of the œsophagus. Dr. R. injected hypodermically into the child's arm one-twelfth of a grain of apomorphia, the child was placed on his belly, and in three minutes active vomiting was induced and the foreign body was ejected.

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National Medical Library.—We have just received a specimen fasciculus of a Catalogue of this library, heretofore known as "the Library of the Surgeon-General's Office." The specimen is of a combined catalogue of subjects and authors, arranged in dictionary order under a single alphabet, and has been prepared by Assistant Surgeon John S. Billings. A careful perusal of its pages cannot fail to impress the reader with admiration at the rare zeal and intelligence which have reared this National Library and propose to universalize its utility by this elaborate and comprehensive Catalogue.

To give the reader an idea of the magnitude of the Library and proposed Subject Catalogue, we have selected at random the word *abortion*. Under it we find references to 152 monographs and to 177 journal articles, besides cross-references to uterine hemorrhage, premature induced labour, disease of placenta, and to retained placenta; and under the *jurisprudence of abortion* there are additional references to 17 monographs and to 85 journal articles with cross-references to infanticide, and to poisoning by savine, in all 431 references, not including cross-references, to papers on this subject.

It will be at once seen that, to any who would successfully cultivate the field of medicine, the value of this Catalogue will be simply incalculable, and we are happy to learn that it is the intention of the authorities, if it be put in their power, to place this well-nigh indispensable work at the disposal of all

We are particularly anxious that our readers should be made acquainted with the value of this Library and of the proposed Catalogue, which will, beyond question, prove to be one of the most valuable contributions made by any government to any branch of science, inasmuch as the annual appropriation for its care and increase will shortly come before Congress.

While we commend stringent economy in the National expenditures, we are sure that its most earnest advocate must admit that this appropriation comes within that limit. The Catalogue of the Library attests the fidelity with which its portion of the appropriation in the past has been expended. To cut down this moderate sum would not only cripple the Library but would seriously retard the progress of the work on the Catalogue and impair its completeness.

We trust that the members of the profession will immediately use their personal influence with their Representatives and friends in Congress, in urging the propriety of maintaining the usual appropriation of ten thousand dollars to the Army Museum and Library.

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International Medical Congress, Philadelphia, 1876.—The Congress will be formally opened at noon on Monday, the 4th day of September, 1876, in the University of Pennsylvania, Philadelphia. The preliminary programme has just been published, and will be found in the current

number of the *American Journal of the Medical Sciences.*

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American Medical Association.—The Twenty-seventh Annual Session of this Association will be held in Philadelphia on Tuesday, June 6, 1876.

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Medical Society of the State of Pennsylvania.—The next annual session of this Society will be held in the city of Philadelphia, on Wednesday, May 31, at 3 o'clock P. M.

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Delegates to the International Medical Congress, Philadelphia, 1876.—The Florida State Medical Society has appointed Drs. A. S. Baldwin and John P. Wall as its delegates to the Congress.

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Obituary Record.—Died, at Jacksonville, Fla., on the 11th of March, in the thirty-fourth year of his age, John S. Parry, M.D., of Philadelphia, Vice-President of the Obstetrical and of the Pathological Society of Philadelphia, and Obstetrician to the Philadelphia and to the Presbyterian Hospital.

Although cut off by the ravages of phthisis in the beginning of a highly honourable and useful career, Dr. Parry had already earned the reputation of being a careful and discriminating clinical observer, and an intelligent and zealous student. All the productions of his pen were based on clinical experience, and are characterized by originality of thought, unusually intelligent discernment, and an earnest desire for the advancement of the bounds of knowledge. Among the more important of his contributions to medical science may be mentioned a monograph on Extra-uterine Gestation based on an analysis of five hundred cases, published in the fall of 1875; his edition of Leishman's Midwifery, which is rendered particularly valuable by his observations on the forceps; his description of Diphtheria of Puerperal Wounds (*Am. Journ. of Med. Sci.*, Jan. 1875), based on the study of an epidemic which occurred in the Philadelphia Hospital; an elaborate study of Rickets (*Ibid.*, January and April, 1872); a carefully drawn up history of Relapsing Fever as it occurred in Philadelphia in 1869 and 1870 (*Ibid.*, Oct. 1870); and a valuable and original paper on the Use of the Hand to correct unfavourable Presentations and Positions of the Head during Labour (*Am. Journ. of Obstetrics*, May, 1875).

In his death Medicine has lost one of her most promising votaries, and his friends one whose private virtues endeared him to them and commended him to the esteem of all.

——, at Wilmington, Del., March 6, 1876, Henry F. Askew, M.D., in the seventy-first year of his age. Dr. A. was an honourable and cultivated gentleman, a skilful physician, and prompt on all occasions to advance the interests of the profession and to uphold its honour and dignity. He was active in organizing the American Medical Association, and his interest in it never flagged. In 1867 he was elevated to the Presidency of that body.

FOREIGN INTELLIGENCE.

Hydrate of Chloral for Anatomical purposes.—Dr. Wm. Craig (*Edinburgh Medical Journal*, Feb. 1876) confirms Dr. Keen's statement in *American Journal of the Medical Sciences* for July, 1875, as to the value of a solution of chloral for anatomical purposes.

As a preservative fluid for injecting bodies for the dissecting-room, numerous experiments which he has made lead him to the following conclusions:—

"1. Bodies injected with the hydrate of chloral are preserved from decay equally well as when the ordinary preservative fluids are used.

"2. If exposed to the air, or carelessly attended to by the students, the tissues become very black, and give off a disagreeable mawkish odour.

"3. Delicate nerve-plexuses can be more successfully dissected out when the bodies are injected with chloral solution; and,

"4. It is much cheaper than other preservative fluids."

As a preservative fluid for anatomical specimens, he states: "Solutions of the

hydrate of chloral do not coagulate the albumen of the tissues, and, consequently, delicate transparent membranes are better preserved by chloral than by spirit or carbolic acid. There can be no doubt, that, as a preservative fluid for anatomical specimens, it is superior to spirit, if not to every known antiseptic. It is much cheaper than methylated spirit, and is destitute of the disagreeable odour of that fluid."

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Bacteria Poultices.—These are not precisely the sort of applications which, in our present state of opinion on the best sort of surgical dressings, we should wish to apply to open wounds. Nevertheless, M. Nepveu, on passing a glass across the surface of a linseed-poultice, and of some fresh linseed ready for poultice from the hospital pot, found it swarming with "coccos, micrococcos, diplococcos, and streptococcos; with bacteria, micro-bacteria, and meso-bacteria." The patients' wounds seemed to heal under them very satisfactorily all the same. M. Nepveu draws from this a series of conclusions, one of which very naturally is "that bacteria are not in themselves poisonous, as Leplat and Jaillard (1864), Onimus (1873), Billroth (1870), and Richardson (1867), have described them to be."—*Brit. Med. Journal*, Feb. 12, 1876.

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Bacteria in the Urine.—M. Nepveu has discovered bacteria in quantities in the urine of a patient who was suffering from hæmaturia after a fall, but who had never been catheterized (Société de Biologie, 4th December, 1875). This is *à propos* of a suggestion made by Dr. Ferrier some few years since in this *Journal*, that the introduction of the unpurified catheter was the most common cause of putrefaction and of the introduction of bacteria into the urine. Others, who followed Ferrier without always recognizing his priority, have gone to the furthest extreme of generalizing from his suggestion. M. Nepveu points out that the microscopic powers which Pasteur used in this investigation were insufficient, as his experience in this and other cases has shown, to discover micro-bacteria and micrococcos. From his examinations of the blood, he believes that in these cases the micrococcos and micro-bacteria find their way into the urine from the blood. The urine in his case was slightly alkaline, but not at all ammoniacal or fetid. —*Ibid.*

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Prof. Gibert's formula for what is called in the Paris school the mixed treatment of Syphilis.—This is as follows: Biniodide of mercury, one gramme; iodide of potassium, fifty grammes; water, fifty grammes. Dissolve the salts in the water, and strain the solution; then add simple syrup (cold) 2400 grammes. The dose is a tablespoonful. As this quantity represents twenty-five grammes of the syrup, each tablespoonful will therefore contain one centigramme of biniodide of mercury and fifty centigrammes of iodide of potassium. This mixture, known by the name of Sirop-Gibert, is the favorite hospital remedy for syphilis in all its stages, and is preferred to the pills of the proto-iodide of mercury prescribed by the father of French syphilographers, M. Ricord, as a more manageable and safer preparation.—*Med. Times and Gaz.*, Feb. 12.

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Death from Chloroform.—An inquest was held at Stafford lately on the body of Jeremiah Tooth, a labourer, who had died in the Infirmary while under the influence of chloroform. Dr. Reid, the house-surgeon, said he administered the chloroform in the presence of five other medical men, as the deceased was about to have the elbow-joint amputated. He had previously examined the deceased with the stethoscope, and obtained no evidence whatever of heart disease. Three drachms, about an average quantity, were administered, and while the deceased was taking it his pulse stopped, and he died instantly. The usual methods of restoring animation were adopted, but without success. A *post-mortem* examination showed that the heart was larger than usual, and that there were other traces of disease. Dr. Day and Mr. Greaves were of opinion that death resulted from paralysis of the heart.—*Brit. Med. Journ.*, Feb. 5, 1876.

Report of the Royal Commission on Experimentation on Animals for Scientific Purposes.—This report has just been presented to Parliament, and it is stated in the *Brit. Med. Journ.*, Feb. 19, to be a "document characterized by not less ability and moderation than might have been anticipated from the composition of the Commission, and the very great pains which they have bestowed in collecting and sifting a great mass of evidence from witnesses of all classes."

The Commission "have received evidence from fifty-three witnesses, including all the leading physiologists of the three kingdoms, many eminent physicians and surgeons, and representatives of the various societies which have been formed for the abolition or limitation of experiments on animals.

"The Commissioners vindicate the physiologists, physicians, and medical students in this country from the imputations which have been cast upon them. They have great satisfaction in assuring Her Majesty that a general sentiment of humanity on this subject appears to pervade *all* classes in this country, and the evidence which they cite rebuts the charge of 'anything like indifference to suffering' on the part of students or physiologists. The Secretary of the Royal Society for the Prevention of Cruelty to Animals readily acknowledges that he does not know a single case of wanton cruelty.

"On the question, Can the practice of subjecting living animals to experiments be altogether prohibited? they arrive at the conclusion that, even if it were possible, it should not be attempted. A number of examples are briefly referred to of the vast influence which experiments on living animals have had in the progress of medicine, and the benefits which have been conferred on mankind.

"Having arrived at conclusions favourable to the practice of experiments upon living animals for the attainment of knowledge applicable to the mitigation of human suffering or the prolongation of human life, the Commissioners proceed to consider what measures, if any, may be reasonably adopted to prevent the likelihood of abuses—of the present existence of which they have frankly confessed that no evidence has been adduced.

"The final conclusion at which the Commissioners arrive, is to recommend the enactment of a law which should vest in the Secretary of State the power of granting licenses to persons desirous of performing experiments upon living animals. The licenses would bear conditions calculated to insure that in no avoidable case should suffering be inflicted; and that, where unavoidable, it should be reduced to a minimum. The responsible minister should be guided by the opinion of advisers of competent knowledge and experience, whose names should be publicly made known. An inspector or inspectors should be appointed, of knowledge and position such as to command the confidence of the public no less than that of men of science. Licenses would be revocable on proof of abuse; but, as a safeguard against misuse of this power, an appeal to a Judge of the Supreme Court with three competent assessors is recommended."

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Rivers Pollution.—This subject is exciting great attention in Great Britain, and is one of great importance in this country, where we are permitting this nuisance to be established, and which, if not timely arrested, will be sustained by so many pecuniary interests, that, however prejudicial to health, it will be difficult to abate, as is found to be the case in Great Britian.

The *Lancet*, Feb. 5th, remarks: "The condition of our rivers and streams, so rapidly passing from bad to worse, has long been recognized; and in 1865 commissioners were appointed to investigate the subject and suggest remedies. In 1868 these commissioners were superseded by others, who greatly extended the labours of their predecessors, and who have but lately issued their final report. We have before us as we write the fifteen folios in which the results of these elaborate inquires are presented. They constitute a work of the greatest national value, pregnant with information gleaned in all parts of the country, with experimental researches often quite

novel, and with suggestions almost invariably moderate and sensible. The two final reports contain the mature recommendations of the commissioners founded on the results of ten years of patient study of the question in all its bearings. Every proposal, every objection brought before them, has been carefully weighed, and is discussed in some one of the reports. Full allowance for the difficulties of sanitary authorities and manufacturers has been made, and a standard of purity laid down which, it is believed on no light grounds, may be imposed with safety."

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Artificial Ice.—Prof. JOHN GAMGEE has for five or six years been working incessantly at the economical production of artificial cold as applicable to fresh meat preservation, and this has led to so remarkable a control over temperature as to provide a remedy for the evils of asphalte and roller skates. On January 6th he completed a rink of modest dimensions, but which has since afforded pleasure to some scores of skaters. The frost set in just as the rink was completed, and the thermometer registered under the shed when the ice was laid 35° Fahr. in the daytime, but as low as 19° Fahr. in the night. Since the ice is formed artificially from below upwards the difficulty to contend with at first was the simultaneous freezing of the double layers of ice which, however, soon joined, owing to the more intense cold from the machine below. A thaw soon set in, and, whereas it took from two to four hours to get a good surface in frosty nights, with warmer weather and ready surface evaporation one hour then sufficed to get a renewed layer of glassy ice.

Very interesting experiments were performed by cutting deep holes in the ice, and pouring boiling water in the wounds, which instantly healed by what a surgeon would call the formative process. The air, too, night and day for the past fortnight, has hovered between a few degrees above freezing and as high as 50° Fahr.; and by a system of overhead cold accumulators, in spite of these high temperatures, the refrigerating machine has been stopped as long as from Friday night to Monday morning; on two occasions only, owing to the work in progress, has the slightest thaw been seen on the surface of the ice, and on one of these our informant happened to be present, and saw, that, whilst a thin film gave way during some alterations to the pumps, so soon as the circulation started, the surface dried up promptly and became covered with a rime from condensation of the moisture from the atmosphere.

The skaters, members of the London Skating Club and others, have pronounced the ice to be the hardest and best that they have ever tried, and this is not to be wondered at when it is considered that a layer from one and a half to two and a half inches thick can be frozen by Mr. Gamgee's uncongealable compounds at temperatures varying from 20° to 30° below freezing-point. The ice machine itself is remarkable for a condenser which enables one to work with only five gallons of ether in a machine which in a few hours lowers between three and four tons of liquid from 45° or 50° Fahr. to 0° Fahr. At present it is working at a vacuum of twenty-four to twenty-five inches, but in his numerous economies the inventor believes he has at last superseded expensive air-pumps. The present engine at his ice-works, King's Road, Chelsea, adequate to work machinery to make over ten tons of ice daily, consumes just a little over one hundred weight of coal per hour, and a very extensive "ice rink" can be maintained with half this expenditure of fuel.

In a sanitary point of view, Mr. Eassie reports that repeated visits made by him indicate that the ice has no tendency to produce cold injurious to the feet. The ice is itself never above 32° Fahr., whatever may be the temperature of the uncongealable liquid below it, and the tendency is to dry the warm air above without producing any unpleasant or even appreciable cold sensation. In a closed apartment, with roof ventilators to remove promptly all hot and foul air, the rink can at all seasons be cool and comfortable without any draughts. If the ice were in the roof of the building, the cold would be unbearable, but from below upwards its effects are practically *nil.*—*The Sanitary Record*, Jan. 29, 1876.

Boundary Line between Animal and Vegetable Life.—Prof. HUXLEY delivered an interesting address on Friday evening, Jan. 28th, at the Royal Institution, in which he showed with his accustomed clearness how all the old land-marks that were once held to indictate the boundary line between the animal and vegetable kingdoms have gradually been effaced, and, what perhaps is still more remarkable, that the advance of science, so far from affording new and more accurate means of diagnosing the members of the two kingdoms from one another, has tended to show that the simpler forms of each are really indistinguishable, and that a new kingdom corresponding to that which has recently been characterized as the "Protista" by Haeckel, and which shall include all the simpler types of organization, must be admitted. Cuvier considered that the main distinctions between an animal and a plant were, that the animal had the power of locomotion, and consequently possessed all the apparatus requisite for that purpose; secondly, that it possessed a digestive cavity and, as a rule, a circulatory apparatus; thirdly, that its chemical composition was characterized by the presence of nitrogen; and, lastly, that, whilst animals exhaled carbonic acid gas, vegetables exhaled oxygen. But one by one these several diagnostic marks have been proved to be inaccurate. Recent investigations have clearly shown that all living matter, whether animal or vegetable, contains nitrogen, and that all plants, when not exposed to sunlight, exhale carbonic acid, whilst some, as fungi, exhale it even when exposed to sunlight. The diagnostic mark drawn from the supposed presence of a circulatory apparatus was practically given up by himself, whilst the microscope has revealed multitudes of vegetable organisms which possess active powers of locomotion. Professor Huxley, however, pointed out, that, if the terms of one of Cuvier's diagnostic marks were changed, it might still hold good. It might not, indeed, be true that animals always had a digestive cavity, and that plants had none; but there was a large basis for the generalization that a plant was able to make the substance of its body out of dissimilar chemical substances, while an animal was unable to do that. As concrete cases of this, he instanced the growth of a bean in a nitrate of ammonia and saline solution, which contained nothing comparable to bean substance, and the enormously rapid germination of blue mould in a solution of tartrate of ammonia. In these cases the resulting subtance of the plants which were built up contained matters of which there was no trace in the solutions; while animals could only break down and destroy the protein compounds furnished to them by other animals or plants.

Prof. Huxley then described the results of his microscopical examination of the active organisms, the generation of which had been the subject of the previous Friday evening's lecture. After referring to the bacteria, he entered into some details in regard to the structure of a vegetable organism he has christened "Heteromite Leus," an actively moving organism, about the size of a human blood-corpuscle, oval in shape, containing granules, and terminating in a cilium at one end. Little is known of the life history of this creature, but it is probable that it undergoes fission at such a rate as to produce a thousand couples in an hour, one million in two hours, and one thousand million in five hours. What would Malthus have said to these numbers?—*Lancet*, Feb. 5, 1876.

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Testimonial to Stromeyer, of Hanover.—The English weeklies of Feb. 19th contain the report of a private meeting, of distinguished hopital surgeons, held to consider the propriety of joining in the movement now going on in Germany to celebrate, on April 6th next, the fiftieth anniversary of Dr. STROMEYER'S taking his degree in Göttingen.

It was moved by Sir James Paget, and seconded by Mr. Erichsen, and unanimously resolved: "1. That an address be presented to Dr. Stromeyer, expressing the congratulations of the signataries to it on his long, active, useful, and honourable professional career, as shown by the results of his discovery of the value and

safety of subcutaneous surgery, by the high tone of his surgical writings, and by his persistent efforts to improve the principles and details of surgery, especially as applied to gunshot and other wounds received in war, as well as of military hygiene. 2. That Dr. Stromeyer be requested to sit for his bust, to be executed in marble by the most able German sculptor he may select. 3. That a subscription-list be opened to defray the expense of carrying out the above objects; that no single subscription shall exceed two guineas; and that subscriptions be not received from persons who are not members of the medical profession."—*Med. Times and Gaz.*, Feb. 19, 1876.

We are happy to learn that the profession in America will shortly be offered an opportunity of personally expressing their esteem for Dr. Stromeyer, as he has communicated to the Centennial Medical Commission his intention of attending the International Medical Congress to be held in Philadelphia in September, 1876.

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John Hunter and the Democrats.—At a sale of autographs on Saturday last, by Messrs. Sotheby, there was a very interesting letter, one page quarto, by John Hunter, in answer to a person applying for a ticket to view his collection, which was only open during the months of May and October: "If your friend is in Town in October (and not a Democrate) he is welcomb to see it; but I would rather see it in a blaze like the Bastile than shew it to a Democrate, let his country be what it may." (The orthography is strictly preserved.) The letter was accompanied with a portrait of Hunter, and an autograph note of Mr. Collingridge, and was knocked down for £2 4s.—*Med. Times and Gaz.*, Feb. 12, 1876.

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Obituary Record.—Died, Feb. 13, 1876, in Paris, after a short illness, M. Gabriel Andral, in the 79th year of his age. M. A. was one of the most illustrious and esteemed physicians, and one of the most admired and successful clinical teachers of our age. He successively occupied several chairs in the Faculty of Medicine. Some years since, in the midst of a most brilliant career, and with his powers undiminished, he abandoned his profession and retired to Chateuveaux, a small village of Loir-et-Cher, to devote himself to the care of his sick wife, a daughter of the illustrious Royer-Collard. His son by this marriage, M. Paul Andral, is at present Vice-President of the Council of State. Thus has passed away the last of that celebrated trio of clinical teachers—Louis, Andral, and Chomel—which shed special lustre on the Paris Faculty, and rendered it for the time being the most eminent medical school in Europe.

——, Feb. 25, in Edinburgh, from enlargement of the heart, thinning of its walls, and fatty degeneration of the muscular tissue, Dr. James Warburton Begbie, aged 49 years. Dr. Begbie, says the *Lancet* (March 4), was an admirable physician—most careful and painstaking in his clinical investigations, and not losing his interest in cases when he had made a clear diagnosis, but going on with faith and heart to the treatment of them, in which he was most successful. Witness the faith which he brought to the treatment of cases of aneurism with iodide of potassium, and the eagerness with which he lately recorded the use of chloride of ammonium in cases of hæmatinuria. He had always a word of cheerful and fresh advice for any patient and practitioner who consulted him. He was not only a thorough physician in his clinical care and his study of therapeutics, but there was a remarkable pleasantness and fascination in his manners, based on his sincere kindliness, which are invaluable qualities in a medical man, and which gave every patient he spoke to the impression that he was humanly and specially interested in his case. Further, to use the words of an esteemed Edinburgh physician, "in an especial manner he was sound to the core in the ethics of his profession—his conduct having been most honourable in all respects."

His contributions to medical literature were very numerous and exceedingly valuable.

In the death of Dr. Begbie the science of medicine, as well as his numerous patients and friends, has sustained a loss which will be deeply felt.

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No work has ever issued from the American press that has been more universally adopted as a text-book in our medical schools, and none that is more deserving of the popularity attained. Without a copy of Dalton's Physiology no medical library can be considered complete, and to possess a copy of Dalton the student has all the information and authority in physiology necessary at his hand.—*Western Lancet*, Nov. 1875.

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As it stands it is the most convenient and useful manual on its special subject in our language We can cordially recommend the book as one of the most useful of the recent additions to medical literature.—*The Journal of Nervous and Mental Disease*, Jan. 1876.

It is useless to demonstrate the merits of a work which has long been accepted by both the legal and medical professions as the highest authority on medical jurisprudence. In this new edition the author has spared no pains to maintain this enviable and well-deserved position. We will not examine in detail the changes introduced, for to do so would be to review the whole of scientific progress of late years in regard to toxicology. We will only add that a large number of illustrations have been introduced, and that the typographical execution leaves nothing to be desired.—*L'Union Médicale du Canada*, Feb. 1876.

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As every one knows, this is the most complete and reliable work on the subjects of which it treats published in any language—not even excepting Malgaigne's excellent and standard treatise. Hence it would be a waste of time and space further to attempt to convince our readers of its excellences. It remains only for us to add that in every respect this fifth edition has been thoroughly revised, and contains some fifty pages of new matter more than the fourth edition.—*Va. Med. Monthly*, Jan. 1876.

HENRY C. LEA—Philadelphia.